



Driver Improvement Instructor Checklist

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

- ☐ All applicants must sign the Statement of Completion at the bottom of this page and include with the application.
- ☐ All applicants are required to complete all sections of the application.
- ☐ All applicants must submit an application fee of \$100.00, in the form of a money order, certified check, or cashier's check, made payable to Georgia Department of Driver Services.
- ☐ All applicants must undergo a fingerprint-based background check as designated by the Department of Driver Services. Instructions will be forthcoming after the application is received.
- ☐ All applicants must submit a notarized Consent for Background Investigation Form. (Form # RC-900)
- ☐ All applicants must submit a photograph taken within 30 days of application submission.
- ☐ If you have been licensed in a state (or states) other than Georgia in the past five (5) years, you must obtain and submit a Motor Vehicle Report (MVR) from each state in which you were licensed.
- ☐ Submit a copy of your high school diploma, GED equivalent, college diploma or transcript.
- ☐ Submit a current copy of your instructor certificate from one of the five approved curricula:
 - American Safety Council (A.S.C.) – (407) 539-0163
 - Driving Educators of Georgia (D.E.O.G.) – (678) 384-9263
 - Georgia Association for Risk Reduction and Defensive Driver Education (G.A.R.D.E) – (770) 830-0045
 - National Safety Council (N.S.C.) – (770) 729-0077 Ext. 41004
 - USA Training, Inc. (USA/Georgia) – (850) 509-0085

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents and fees which are required to be attached, for the approval as outlined above. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed and may result in fees being forfeited.

Printed Name

Legal Signature

Date

**Please submit application, fees and all supporting documents to:
Georgia Department of Driver Services
Attn: Regulatory Compliance Division
2206 East View Parkway
Conyers, GA 30013**

An application drop box is also available at the entrance of the Conyers Customer Service Center.



Driver Improvement Instructor Application

SECTION 1: Applicant Information

Last Name	First Name	Middle Name	Suffix	
Date of Birth	Driver's License #	State of Issuance	Social Security #	
Home Address	City	County	State	Zip Code
Mailing Address	<input type="checkbox"/> Same as above	City	County	State Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number		
Email Address				

☐ **I would prefer all correspondence be mailed to the mailing address above.**
Unless the box is checked, all correspondence will be e-mailed.

Which curricula are you certified to teach or will become certified to teach?

☐ A.S.C. ☐ D.E.O.G. ☐ G.A.R.D.E. ☐ N.S.C. ☐ USA/Georgia

List the name(s) of the driver improvement clinic(s) you will be associated with:

1.1 Have you been fingerprinted within the past six (6) months for any other DDS program (i.e. risk reduction, driver training)?
☐ Yes ☐ No

1.1.1 If you answered "Yes" to question 1.1, indicate in the space provided below the program(s) for which you were fingerprinted and the date(s).

Program(s)

Date(s)

1.2 Are you currently, or have you ever been, certified as a driver improvement clinic owner or instructor in the state of Georgia?
☐ Yes ☐ No

1.2.1 If you answered "Yes" to question 1.2, list your certification number: _____

1.3 Are you currently, or have you ever been, certified by the Department of Driver Services, as a risk reduction or driver training owner or instructor, or an ignition interlock operator, or an alcohol and drug awareness (ADAP) instructor?
☐ Yes ☐ No

1.3.1 If you answered "Yes" to question 1.3, indicate your certification type(s) and certification number(s):



SECTION 2: Applicant Qualifications

2.1 Are you a United States citizen?

☐ Yes ☐ No

2.1.1 If you answered "No" to question 2.1, are you legally present in the United States?

☐ Yes ☐ No

NOTE: *Acceptable proof of citizenship or lawful presence may be required.*

2.2 Are you currently employed with the Georgia Department of Driver Services?

☐ Yes ☐ No

2.3 Do you have a spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services?

☐ Yes ☐ No

2.4 Are you currently employed as a judge, judicial officer, probation officer, probation employee, law enforcement officer, or employee of a court in this or any other state?

☐ Yes ☐ No

2.5 Do you have a spouse that is employed as a judge, judicial officer, probation officer, probation employee, law enforcement officer, or employee of a court in this or any other state?

☐ Yes ☐ No

2.6 Do you own, manage, or operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?

☐ Yes ☐ No

2.7 Are you at least 21 years of age?

☐ Yes ☐ No

SECTION 3: Criminal History

3.1 Have you ever been convicted of or plead guilty or *nolo contendere* to any crime which constitutes a felony?

☐ Yes ☐ No

3.2 Have you been convicted of or plead guilty or *nolo contendere* to any misdemeanor involving fraud, dishonesty, or deceit within the ten (10) year period preceding the date of this application?

☐ Yes ☐ No

3.3 Have you been convicted of or plead guilty or *nolo contendere* to any other misdemeanor, including driving under the influence, within the five (5) year period preceding the date of this application?

☐ Yes ☐ No

3.4 Are you currently on probation for any criminal offense in this or any other state?

☐ Yes ☐ No

3.4.1 If you answered "Yes" to question 3.4, give the nature of probation in the area below.

Offense	State and County	Date
---------	------------------	------

Offense	State and County	Date
---------	------------------	------

3.5 Are there any criminal charges currently pending against you?

☐ Yes ☐ No



3.5.1 If you answered “Yes” to question 3.5, provide the nature of the charges below.

Charge	State and County	Date
Charge	State and County	Date

3.6 In the space provided below, please list your complete criminal history for the previous ten (10) years, including charges that were dismissed, nolle prossed, or no-billed.

Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition

3.7 Have you received a pardon for any of the offenses listed in question 3.6 above?

☐ Yes ☐ No

3.7.1 If you answered “Yes” to question 3.7, attach a copy of the pardon.

SECTION 4: Driving History

4.1 Do you currently possess a valid driver’s license?

☐ Yes ☐ No

4.2 In the area provided below, list your driver’s license information for the past five (5) years, including any previous states.

Driver’s License Number	State	Expiration Date	Years Licensed in State

4.3 Is your driver’s license or driving privileges currently cancelled, suspended, or revoked in this state or any other jurisdiction?

☐ Yes ☐ No

4.4 Are there any *pending* cancellations, suspensions, or revocations against your driver’s license?

☐ Yes ☐ No

4.5 Has your driver’s license been cancelled, suspended, or revoked within the past five (5) years?

☐ Yes ☐ No

4.5.1 If you answered “Yes” to question 4.5, list the state(s) that revoked, suspended, cancelled, or denied your driver’s license and the reason(s).

State	Reason	Month/Year



4.6 Are there any traffic charges currently pending against you?

☐ Yes ☐ No

4.6.1 If you answered “Yes” to question 4.6, provide the nature of the charges below.

Charge	State and County	Date

SECTION 5: Educational Experience

Name of High School	City/State	Diploma Obtained?	GED Obtained?	Date Obtained
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Name of College/University	City/State	Degree Obtained?	Major Field of Study	Dates Attended
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 6: Applicant Affirmation

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

I will refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will maintain all reports and information as specified in the DDS rules and regulations.

I understand that DDS will list my name and address as public record.

I hereby authorize the release to DDS of any information necessary for the determination of my application for instructor certification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

Legal Signature	Date
-----------------	------

Sworn to and subscribed before me

this ____ day of _____ 20____.

(SEAL)

Notary

Georgia Department of Driver Services
Regulatory Compliance Division, 2206 East View Parkway, Conyers, GA 30013

CONSENT FOR BACKGROUND INVESTIGATION

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

APPLICANT TYPE: (OFFICE USE ONLY)

<input type="checkbox"/> DUI Risk Reduction	<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Instructor
<input type="checkbox"/> Driver Improvement	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	
<input type="checkbox"/> Ignition Interlock	<input type="checkbox"/> Owner/Operator		
<input type="checkbox"/> Chauffeur			

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are now charged, under indictment, or have court hearings pending for any charges, give details below:			

I hereby apply for Certification(s) to be issued by the Regulatory Compliance Division of the Department of Driver Services (DDS). I understand that my criminal history, driver's history, and legal presence will be checked. I hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires: